

12-20-01

Please type a plus sign (+) inside this box → jc698 U.S. PTO
12/13/01
**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-29536
First Named Inventor or Application Identifier	Laurent A. Six
Title	Method and System for Providing Multi-Channel Functionality with a Telecommunication Device Comprising a Single Channel
Express Mail Label No.	EL645510190US

On Page 1 of the specification, before line 1, insert --This application claims priority under 35 USC § 119(e)(1) of provisional application number 60/258,818 filed 12/29/2000.--

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP Chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	[Total Pages] <input type="text" value="27"/>	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	<input type="checkbox"/> Computer Readable Copy
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		b. <input type="checkbox"/>	Paper Copy (identical to computer copy)
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC d113)	[Total Sheets] <input type="text" value="2"/>	c. <input type="checkbox"/>	Statement verifying identical of above copies
4. Oath or Declaration	[Total Pages] <input type="text" value="3"/>	ACCOMPANYING APPLICATION PARTS	
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)	8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & Documents(s))		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i>	9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney		
[Note Box 5 below]			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>	10. <input type="checkbox"/> English Translation Document (if applicable)		
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) <i>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</i>	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
12. <input checked="" type="checkbox"/> Preliminary Amendment			
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application (PTO/SB/09-12) Status still proper and desired			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>if foreign priority is claimed)</i>			
16. <input type="checkbox"/> Other:			
<small>*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</small>			

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation Divisional Continuation-in-part (CIP) of prior application No: / .
 Prior application information: Examiner _____ Group / Art Unit: _____

18. CORRESPONDENCE ADDRESS


Customer Number or Bar Code Label

23494

or Correspondence address below

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
COUNTRY	TELEPHONE	(972) 917-5646	FAX (972) 917-4418

Name (Print/Type)	J. Dennis Moore	Registration No. (Attorney/Agent)	28,885
Signature			Date 12/13/01

Burden Hour Statement: This form is estimated to take 0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

Complete If Known

Application Number

Filing Date **12/13/2001**First Named Inventor **Laurent A. Six**

Examiner Name

Group / Art Unit

Attorney Docket No. **TI-29536**

TOTAL AMOUNT OF PAYMENT

(\$ **740.00**)**METHOD OF PAYMENT**1. The Commissioner is hereby authorized to charge to the following Deposit Account, **20-0668**Deposit Account Name **Texas Instruments Incorporated** Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment2. Payment Enclosed: Check Money Order Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	\$740
106	330	206	165	Design filing fee	\$
107	540	207	270	Plant filing fee	\$
108	790	208	395	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)					(\$740)

2. EXTRA CLAIM FEES

Total Claims	20	-20** =	0	x	18	=	0.00	Fee from below	Fee Paid
Independent Claims	3	-3** =	0	x	84	=	0.00		
Multiple Dependent									

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$0)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension of time within second month	
117	950	217	475	Extension of time within third month	
118	1,510	218	755	Extension of time within fourth month	
128	2,060	228	1,030	Extension of time within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per properly (time number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **0.00**

Complete (if applicable)

SUBMITTED BY

J. Dennis Moore

Typed or Printed Name

Reg. Number **28,885**

Signature

Date **12/13/01**

Deposit Account User ID